

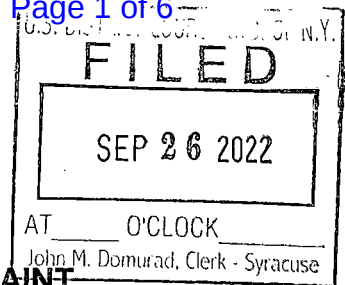
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORKPATRICK M. BOOTH

Plaintiff(s),

v.

STATE OF NEW YORK

v.

A. POALANO, M.D. Defendant(s).**COMPLAINT**
(Pro Se Prisoner)**Case No.** _____
(Assigned by Clerk's
Office upon filing)**Jury Demand**

- ☐ Yes
☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore **not** contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

I. LEGAL BASIS FOR COMPLAINT

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)
☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)
☐ Other (please specify) _____

II. PLAINTIFF(S) INFORMATION

Name: PATRICK M. BOOTH
 Prisoner ID #: 19A2725
 Place of detention: Jefferson County Jail
 Address: 753 Waterman Str.
Watertown, NY 13601

Indicate your confinement status when the alleged wrongdoing occurred:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner
☐ Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration:

PAT Booth 15B3103 / 12B1394 / 08A0146

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets of paper may be used and attached to this complaint.

III. DEFENDANT(S) INFORMATION

Defendant No. 1: LETISHA JAMES Esq.
 Name (Last, First)

Attorney General STATE OF NEW YORK
 Job Title

THE CAPITOL
 Work Address

Albany NY 12284-0341
 City State Zip Code

Defendant No. 2: POALANO, A. M.D.
 Name (Last, First)

Medical Doctor
 Job Title

HALEECREEK Correctional Facility
Work Address
Johnstown NY 12095
City State Zip Code

Defendant No. 3:

Name (Last, First)

Job Title

Work Address

City State Zip Code

Defendant No. 4:

Name (Last, First)

Job Title

Work Address

City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

July 2020 Plaintiff slipped on a wet floor in the messhall at Hakecreek Corr. Fac. because the floor was wet and no signs up, Plaintiff left knee ripped and dislocated. On August 4, 2020 Plaintiff seen Doctor A. Perlano at Hakecreek Corr. Fac. and was told it's not a medical Emergency. After Plaintiff stated he had surgery once on his A.C.L. and believes I tore it again. Plaintiff was sent back to unit with no pain meds or treatment. Plaintiff filed a Grievance all the way to Albany and in September was told that [C.O.R.C.] was in receipt of grievance and would let Plaintiff know the results. In March 2021 Plaintiff went for a physical at St. Joes in Rochester, NY. while at Rochester corr. Fac. and Plaintiff told an outside Doctor what was going on and He [Dr. Wang] ordered x-rays which didn't show anything. Plaintiff

V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

STATEMENT OF FACTS

was transferred to Hale Creek Again and continued to complain that knee was dislocating at least once a day and even in my sleep. One time even causing Plaintiff to tear his left hamstring because left knee dislocated. Plaintiff wrote to [CORC] Central Office Review Committee about the status of grievance and in January 2022 Plaintiff was taken to Upstate medical Hospital for a MRI. and In February 16 2022 Plaintiff was released. Plaintiff got a Primary Doctor Scott Stern, MD. who looked up the results from the MRI which shows a torn meniscus. Plaintiff has been suffering with this since July 2020 until February 16 2022 with no pain meds or treatment.

asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

FIRST CLAIM

Title 42 U.S.C. § 1983 - negligence and
Failure to protect, by not putting wet-
Floor signs up and safe conditions

SECOND CLAIM

Title 42 U.S.C. § 1983 - malpractice -
Eighth Amendment Not giving medical
Attention that the Constitution guarantees

THIRD CLAIM

Title 42 U.S.C. § 1983 Eighth Amendment
cruel and unusual punishment for not giving
anything for Pain -

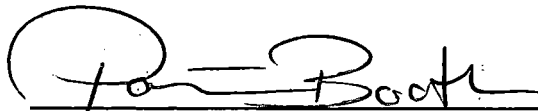
VI. RELIEF REQUESTED

State briefly what relief you are seeking in this case.

Jury Trial /
Compensatory and punitive damages in
the Amount of One million and two hundred
thousand dollars. \$ 1,200,000

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 9-11-22



Plaintiff's signature

(All plaintiffs must sign the complaint).